

MAY 03 2006

RCE
JFW

Atty. Dkt. No. 355908-2500



THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Anthony E. BOLTON et al.

Title:

INFLAMMATORY
CYTOKINE SECRETION
INHIBITION

Appl. No.:

10/002,634

Appl. Filing Date:

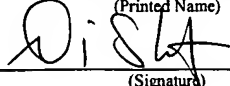
12/5/2001

Examiner:

Belyavskyi, M. A.

Art Unit:

1644

CERTIFICATE OF EXPRESS MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
EV 861 931 545 US	1 May 2006
(Express Mail Label Number)	(Date of Deposit)
Laura DiStefano	
(Printed Name)	
	
(Signature)	

REQUEST FOR CONTINUED EXAMINATION (RCE)
TRANSMITTAL

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. This RCE and the enclosed items listed below are being filed prior to the earliest of: (1) payment of the issue fee (unless a petition under 37 C.F.R. § 1.313 is granted); (2) abandonment of the application; or (3) the filing of a notice of appeal to the U.S. Court of Appeals for the Federal Circuit under 35 U.S.C. § 141, or the commencement of a civil action under 35 U.S.C. § 145 or § 146 (unless the appeal or civil action is terminated).

Enclosed are:

- [X] Amendment/Reply (7 pages).
- [X] Petition for extension of time (2 pages).
- [X] Check #1634 in the amount of \$455 for RCE (\$395) and extension fees (\$60).

The filing fee is calculated below:

	Claims as Amended	Previously Paid For	Extra Claims Present	Rate	Fee Totals
RCE Fee 1.17(e):				\$790.00	= \$790.00
Total Claims:	14	- 20	= 0	x \$50.00	= \$0.00
Independents	3	- 3	= 0	x \$200.00	= \$0.00
CLAIMS FEE TOTAL:					= \$790.00
TOTAL FEE:					\$395.00

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 1 May 2006

By Karen E. Flick

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